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ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

Upper Peninsula Health Plan, LLC

NAIC Group Code	00000	(Current Period)	,	00000	(Prior Period)	NAIC Company Code	52615	Employer's ID Number	46-0927995
Organized under the Laws of	Michigan					State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health []			Property/Casualty []			Hospital, Medical & Dental Service or Indemnity []		
	Dental Service Corporation []			Vision Service Corporation []			Health Maintenance Organization [X]		
	Other []			Is HMO, Federally Qualified? Yes [] No [X]					
Incorporated/Organized	10/23/1997			Commenced Business			08/01/1998		
Statutory Home Office	853 W. Washington St.					Marquette, MI, US 49855			
	(Street and Number)					(City or Town, State, Country and Zip Code)			
Main Administrative Office	853 W. Washington St.								
	(Street and Number)								
	Marquette, MI, US 49855				906-225-7500				
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)				
Mail Address	853 W. Washington St.					Marquette, MI, US 49855			
	(Street and Number or P.O. Box)					(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	853 W. Washington St.								
	(Street and Number)								
	Marquette, MI, US 49855				906-225-7500				
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)				
Internet Web Site Address	uphp.com								
Statutory Statement Contact	Leslie Ellen Luke					906-225-7500			
	(Name)					(Area Code) (Telephone Number) (Extension)			
	lluke@uphp.com					906-225-8687			
	(E-Mail Address)					(Fax Number)			

OFFICERS

Name	Title	Name	Title
Dennis Harold Smith	President	Leslie Ellen Luke	Treasurer
Johanna Marie Novak	Secretary	Melissa Ann Holmquist #	Chief Operating Officer

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Michelle Marie Tavernier	David Barry Jahn	John Joseph Schon	Donald Michael Pawelski #
Robert Conrad Deese #	Charles Edward Nelson	Robert Vincent Vairo	Scott Frederick Pillion
Brian Robert Sinotte #			

State of Michigan

County of Marquette

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Dennis Harold Smith President	Leslie Ellen Luke Treasurer	Johanna Marie Novak Secretary
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Subscribed and sworn to before me this
19th day of February, 2018

- a. Is this an original filing? Yes [X] No []
- b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

Tanya M. Jennings, Director of Human Resources
October 11, 2019

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Upper Peninsula Health Plan, LLC

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Upper Peninsula Health Plan, LLC

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	1,736,029	2,093,736	0	1,635,267	1,736,029	0
2. Claim overpayment receivables				116,364	0	
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	1,736,029	2,093,736	0	1,751,631	1,736,029	0

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Upper Peninsula Health Plan, LLC

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	47,165,100	17.8		0.0	38,567,044	8,598,056
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	47,165,100	17.8	0	0.0	38,567,044	8,598,056
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	217,125,834	82.2	XXX	XXX	197,758,210	19,367,624
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	217,125,834	82.2	XXX	XXX	197,758,210	19,367,624
13. Total (Line 4 plus Line 12)	264,290,934	100 %	XXX	XXX	236,325,254	27,965,680

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	1,016,514		363,875		652,639	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	1,016,514	0	363,875	0	652,639	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Upper Peninsula Health Plan, LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Upper Peninsula Health Plan, LLC 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2017				NAIC Company Code		52615
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	47,852							4,304	43,548	
2. First Quarter	49,212							4,435	44,777	
3. Second Quarter	49,795							4,552	45,243	
4. Third Quarter	48,627							4,561	44,066	
5. Current Year	48,579							4,577	44,002	
6. Current Year Member Months	588,689							54,084	534,605	
Total Member Ambulatory Encounters for Year:										
7. Physician	302,369							42,424	259,945	
8. Non-Physician	226,739							52,476	174,263	
9. Total	529,108	0	0	0	0	0	0	94,900	434,208	0
10. Hospital Patient Days Incurred	23,320							5,402	17,918	
11. Number of Inpatient Admissions	5,639							1,201	4,438	
12. Health Premiums Written (b).....	293,123,547							97,685,821	195,437,726	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	293,123,547							97,685,821	195,437,726	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	264,290,934							87,632,566	176,658,368	
18. Amount Incurred for Provision of Health Care Services	263,875,478							93,438,566	170,436,912	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$54,491,478



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Upper Peninsula Health Plan, LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Upper Peninsula Health Plan, LLC

2. _____

NAIC Group Code		00000		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2017					(LOCATION)		NAIC Company Code		52615				
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10	
				2	3														
		Total		Individual	Group	Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																			
1. Prior Year		47,852		0	0	0		0		0		0		4,304		43,548		0	
2. First Quarter		49,212		0	0	0		0		0		0		4,435		44,777		0	
3. Second Quarter		49,795		0	0	0		0		0		0		4,552		45,243		0	
4. Third Quarter		48,627		0	0	0		0		0		0		4,561		44,066		0	
5. Current Year		48,579		0	0	0		0		0		0		4,577		44,002		0	
6. Current Year Member Months		588,689		0	0	0		0		0		0		54,084		534,605		0	
Total Member Ambulatory Encounters for Year:																			
7. Physician		302,369		0	0	0		0		0		0		42,424		259,945		0	
8. Non-Physician		226,739		0	0	0		0		0		0		52,476		174,263		0	
9. Total		529,108		0	0	0		0		0		0		94,900		434,208		0	
10. Hospital Patient Days Incurred		23,320		0	0	0		0		0		0		5,402		17,918		0	
11. Number of Inpatient Admissions		5,639		0	0	0		0		0		0		1,201		4,438		0	
12. Health Premiums Written (b).....		293,123,547		0	0	0		0		0		0		97,685,821		195,437,726		0	
13. Life Premiums Direct.....		0		0	0	0		0		0		0		0		0		0	
14. Property/Casualty Premiums Written.....		0		0	0	0		0		0		0		0		0		0	
15. Health Premiums Earned.....		293,123,547		0	0	0		0		0		0		97,685,821		195,437,726		0	
16. Property/Casualty Premiums Earned.....		0		0	0	0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services		264,290,934		0	0	0		0		0		0		87,632,566		176,658,368		0	
18. Amount Incurred for Provision of Health Care Services		263,875,478		0	0	0		0		0		0		93,438,566		170,436,912		0	

(a) For health business: number of persons insured under PPO managed care products 0 _____ and number of persons insured under indemnity only products 0 _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$54,491,478

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	16	12	0
2. Title XVIII-Medicare.....	46	42	30	4	0
3. Title XIX-Medicaid.....	454	439	418	364	294
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	82,623,077		82,623,077
2. Accident and health premiums due and unpaid (Line 15).....	10,801,054		10,801,054
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	338,381	338,381
5. All other admitted assets (Balance).....	1,048,127		1,048,127
6. Total assets (Line 28)	94,472,258	338,381	94,810,639
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	35,719,043	338,381	36,057,424
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	3,601,390		3,601,390
15. Total liabilities (Line 24).....	39,320,433	338,381	39,658,814
16. Total capital and surplus (Line 33).....	55,151,825	XXX	55,151,825
17. Total liabilities, capital and surplus (Line 34)	94,472,258	338,381	94,810,639
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	338,381		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	338,381		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	338,381		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL0
2. Alaska	AK0
3. Arizona	AZ0
4. Arkansas	AR0
5. California	CA0
6. Colorado	CO0
7. Connecticut	CT0
8. Delaware	DE0
9. District of Columbia	DC0
10. Florida	FL0
11. Georgia	GA0
12. Hawaii	HI0
13. Idaho	ID0
14. Illinois	IL0
15. Indiana	IN0
16. Iowa	IA0
17. Kansas	KS0
18. Kentucky	KY0
19. Louisiana	LA0
20. Maine	ME0
21. Maryland	MD0
22. Massachusetts	MA0
23. Michigan	MI0
24. Minnesota	MN0
25. Mississippi	MS0
26. Missouri	MO0
27. Montana	MT0
28. Nebraska	NE0
29. Nevada	NV0
30. New Hampshire	NH0
31. New Jersey	NJ0
32. New Mexico	NM0
33. New York	NY0
34. North Carolina	NC0
35. North Dakota	ND0
36. Ohio	OH0
37. Oklahoma	OK0
38. Oregon	OR0
39. Pennsylvania	PA0
40. Rhode Island	RI0
41. South Carolina	SC0
42. South Dakota	SD0
43. Tennessee	TN0
44. Texas	TX0
45. Utah	UT0
46. Vermont	VT0
47. Virginia	VA0
48. Washington	WA0
49. West Virginia	WV0
50. Wisconsin	WI0
51. Wyoming	WY0
52. American Samoa	AS0
53. Guam	GU0
54. Puerto Rico	PR0
55. US Virgin Islands	VI0
56. Northern Mariana Islands	MP0
57. Canada	CAN0
58. Aggregate Other Alien	OT0
59. Totals		0	0	0	0	0	0

NONE

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		00000	20-1538254				LifePoint Health, Inc.	DE	UIP			0.0	LifePoint Health, Inc.		0
00000		00000	52-2165845				Historic LifePoint Hospitals, LLC	DE	UIP	LifePoint Health, Inc.	Ownership	100.0	LifePoint Health, Inc.		0
00000		00000	52-2167869				LifePoint Hospitals Holdings, LLC	DE	UIP	Historic LifePoint Hospitals, LLC	Ownership	100.0	LifePoint Health, Inc.		0
00000		00000	62-1778733				LifePoint Holdings 2, LLC	DE	UIP	LifePoint Hospitals Holdings, LLC	Ownership	100.0	LifePoint Health, Inc.		0
00000		00000	46-0927995				Acquisition Bell Hospital	MI	UIP	LifePoint Holdings 2, LLC	Ownership	100.0	LifePoint Health, Inc.		0
00000		00000	30-0788439				Portage Holding Company, LLC	MI	UIP	Portage Health Foundation	Ownership	20.0	LifePoint Health, Inc.		0
00000		00000	30-0788439				Portage Holding Company, LLC	MI	UIP	LifePoint Holdings 2, LLC	Ownership	80.0	LifePoint Health, Inc.		0
00000		00000	46-0927995				Portage JV, LLC	MI	UIP	Portage Holding Company, LLC	Ownership	100.0	LifePoint Health, Inc.		0
00000		00000	26-2708085				DLP Partner, LLC	TN	UIP	LifePoint Holdings 2, LLC	Ownership	100.0	LifePoint Health, Inc.		0
00000		00000	27-4750610				DLP Healthcare, LLC	TN	UIP	Duke University Health System, Inc.	Ownership	3.0	LifePoint Health, Inc.		0
00000		00000	27-4750610				DLP Healthcare, LLC	TN	UIP	DLP Partner, LLC	Ownership	97.0	LifePoint Health, Inc.		0
00000		00000	36-4733741				DLP Marquette Holding Company, LLC	TN	UIP	DLP Healthcare, LLC	Ownership	100.0	LifePoint Health, Inc.		0
00000		00000	80-0829209				DLP Marquette Health Plan, LLC	TN	UDP	DLP Marquette Holding Company, LLC	Ownership	100.0	LifePoint Health, Inc.		1
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Baraga Memorial Hospital	Ownership	0.8	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Acquisition Bell Hospital, LLC	Ownership	5.1	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Dickinson Healthcare System	Ownership	5.4	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Aspirus Ironwood Hospital	Ownership	4.6	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Aspirus Iron River	Ownership	1.9	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Aspirus Keweenaw Hospital	Ownership	3.7	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Helen Newberry Joy Hospital	Ownership	2.0	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	DLP Marquette Health Plan, LLC	Ownership	56.4	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Munising Memorial Hospital	Ownership	0.1	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Portage JV, LLC	Ownership	10.1	LifePoint Health, Inc.		0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Schoolcraft Memorial Hospital	Ownership	2.2	LifePoint Health, Inc.		0

41.1

[illegible]

Asterisk	Explanation
0000010	DLP Marquette Holding Company, LLC is also the sole member of DLP Marquette General Hospital, LLC.....
0000023	Upper Peninsula Managed Care, LLC has a contractual relationship only with the insurer.....

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
14.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....NO.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....NO.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....NO.....

APRIL FILING

20.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
21.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
22.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....NO.....
23.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....NO.....

AUGUST FILING

24.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

YES.....

Explanation:

11.
12.
13.
14.
15.
16.
17.
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21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23.

Bar code:

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12.	 5 2 6 1 5 2 0 1 7 2 0 5 0 0 0 0 0
13.	 5 2 6 1 5 2 0 1 7 4 2 0 0 0 0 0 0
14.	 5 2 6 1 5 2 0 1 7 3 7 1 0 0 0 0 0
15.	 5 2 6 1 5 2 0 1 7 3 7 0 0 0 0 0 0
16.	 5 2 6 1 5 2 0 1 7 3 6 5 0 0 0 0 0
17.	 5 2 6 1 5 2 0 1 7 2 2 4 0 0 0 0 0
18.	 5 2 6 1 5 2 0 1 7 2 2 5 0 0 0 0 0
19.	 5 2 6 1 5 2 0 1 7 2 2 6 0 0 0 0 0
20.	 5 2 6 1 5 2 0 1 7 3 0 6 0 0 0 0 0
21.	 5 2 6 1 5 2 0 1 7 2 1 1 5 9 0 0 0
22.	 5 2 6 1 5 2 0 1 7 2 1 6 5 9 0 0 0
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